



CONTRACTOR REGISTRATION APPLICATION

City of Lindale
Development Services Department
105 Ballard Dr.
Lindale, TX 75771
Phone: 903-882-6861 Fax: 903-881-8170
Email: communitydevelopment@lindaletx.gov

Contractor License # _____
(Office Use Only)

All contractors that perform work inside the city limits are required to register with the City of Lindale.

Submit this application along with a legible copy of your valid Driver's License, any State Licenses, State Contractor Licenses, and Insurance Certificates where applicable. Applications are accepted by mail, email, and in person. Incomplete applications will not be processed.

- | | | |
|--|---|---|
| <input type="checkbox"/> Asphalt Contractor | <input type="checkbox"/> Fire Protection Contractor | <input type="checkbox"/> Roofing Contractor |
| <input type="checkbox"/> Building/General Contractor | <input type="checkbox"/> House Moving Contractor | <input type="checkbox"/> Electrical Sign Contractor |
| <input type="checkbox"/> Backflow Prevention Assembly Tester | <input type="checkbox"/> Irrigation Contractor | <input type="checkbox"/> Sign Contractor |
| <input type="checkbox"/> Concrete Contractor | <input type="checkbox"/> Mechanical Contractor (No Fee) | <input type="checkbox"/> Utility Contractor |
| <input type="checkbox"/> Dirt Contractor | <input type="checkbox"/> Plumbing Contractor (No Fee) | <input type="checkbox"/> Wrecking Contractor |
| <input type="checkbox"/> Electrical Contractor (No Fee) | <input type="checkbox"/> Pool Contractor | <input type="checkbox"/> Other _____ |

Registration issued shall expire at 12:00 midnight, one year from date of issuance, and shall be renewed on or before such date by payment of the prescribed fee of \$100.00. Payment may be completed by mail with a check or money order, a credit card over the phone once the application has been processed, and at the office.

Licensee/Registered Official: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Email: _____

Mailing Address (if different from above) _____

City: _____ State: _____ Zip: _____

State License # _____ Expires: _____ State Contractor License #: _____ Expires: _____

Print Registered Name: _____ Phone: _____

Registered Official's Signature: _____ Date: _____

For Office Use Only: Permit Tech Name: _____ Date: _____